

# Exhibit A



MISSOURI DEPARTMENT OF REVENUE  
DIVISION OF MOTOR VEHICLE AND DRIVERS LICENSING  
**REQUEST FROM RECORD HOLDER**

Motor Vehicle Records Information  
(573) 751-4509

Driver License Records Information  
(573) 751-2730

FORM  
**4681**  
(REV. 9-03)

I hereby certify that my name is \_\_\_\_\_  
(First Name) (Middle Initial) (Last Name)  
I further certify that my date of birth is \_\_\_\_\_, that my Missouri driver license  
(Month/Day/Year)  
number is \_\_\_\_\_, that my present mailing address is \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(Apartment/Unit) (City) (State) (Zip Code)  
and that my daytime telephone number is (\_\_\_\_\_) \_\_\_\_\_  
(Include Area Code)

I am requesting the following records (including my personal information on those records):

- ☐ **MOTOR VEHICLE RECORDS:** Mail request for motor vehicle records to Missouri Department of Revenue, PO Box 100, Jefferson City, MO 65105-0100.

Year-Make-VIN

Registration (Plate) Number

- ☐ \*Title record (specify current or history)  
☐ \*Registration record (license plates)  
☐ \*Lienholder information  
☐ \*Other (specify) \_\_\_\_\_

- ☐ **DRIVER LICENSE RECORDS:** Mail request for driver license records to Missouri Department of Revenue, PO Box 200, Jefferson City, MO 65105-0200.

- ☐ \*Copy of application (specify year) \_\_\_\_\_  
☐ \*Copy of image (black and white photo)  
☐ \*Driver record  
☐ Clearance letter (no fee required)  
☐ \*Other (specify) \_\_\_\_\_

\*Submit appropriate fee with this request.

I hereby authorize the Missouri Department of Revenue to ☐ fax ☐ mail this record information to:

Name: \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_  
(First Name) (Middle Initial) (Last Name)

Agency Name (if applicable) \_\_\_\_\_

Address: \_\_\_\_\_

SIGNATURE

DATE

**NOTARY INFORMATION (This form must be notarized)**

NOTARY PUBLIC EMBOSSER OR  
BLACK RUBBER STAMP SEAL

STATE

COUNTY (OR CITY OF ST. LOUIS)

SUBSCRIBED AND SWORN BEFORE ME, THIS

DAY OF

YEAR

NOTARY PUBLIC SIGNATURE

MY COMMISSION  
EXPIRES

NOTARY PUBLIC NAME (TYPED OR PRINTED)

**USE RUBBER STAMP IN CLEAR AREA BELOW.**

THE MISSOURI DEPARTMENT OF REVENUE MAY ELECTRONICALLY RESUBMIT CHECKS RETURNED FOR INSUFFICIENT OR UNCOLLECTED FUNDS.

VISIT OUR WEB SITE AT [WWW.DOR.MO.GOV](http://WWW.DOR.MO.GOV)

# Exhibit B



MISSOURI DEPARTMENT OF REVENUE  
DIVISION OF MOTOR VEHICLE AND DRIVERS LICENSING  
[www.dor.mo.gov/mvdl](http://www.dor.mo.gov/mvdl)  
**REQUEST FOR MV/DL RECORD(S) / SECURITY ACCESS CODE**

FORM  
**4678**  
(REV. 12-03)

INSTRUCTIONS: This application must be completed and approved before an applicant can obtain restricted information. Only applicants who meet the criteria outlined in Section C are eligible to obtain restricted information and/or a security access code. Please submit the application to: DRIVER AND VEHICLE SERVICES BUREAU, PO BOX 200, JEFFERSON CITY MO 65105-0200. The application may also be faxed to (573) 526-7367.

## SECTION A. REQUESTER INFORMATION (THIS SECTION MUST BE COMPLETED BY ALL.)

NAME OF INDIVIDUAL (LAST NAME, FIRST NAME, MIDDLE INITIAL), PARTNERSHIP OR CORPORATION		OFFICE USE ONLY SECURITY CODE ASSIGNED _____	
CUSTOMER NAME (FIRM OR TRADE)		TELEPHONE NUMBER (     )	
ACCOUNT CONTACT PERSON (IF YOU HAVE AN ACCOUNT WITH THE DRIVER AND VEHICLE SERVICES BUREAU)		TELEPHONE NUMBER (     )	
STREET ADDRESS (PHYSICAL LOCATION)	CITY	STATE	ZIP CODE
MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP CODE

## SECTION B. REQUEST TO OBTAIN MISSOURI VEHICLE/DRIVER LICENSE RECORD INFORMATION (COMPLETE THIS SECTION IF YOU ARE REQUESTING A RECORD NOW.)

I am requesting the ☐ driver license record and/or ☐ motor vehicle record(s) concerning the following individual. (Provide complete information for each motor vehicle record you are requesting.)

NAME OF RECORD HOLDER FOR RECORD BEING REQUESTED		DRIVER LICENSE NUMBER	DATE OF BIRTH	SOCIAL SECURITY NUMBER/FEIN	
	YEAR	MAKE	IDENTIFICATION NUMBER (VIN/HIN)	CURRENT LICENSE PLATE OR REGISTRATION NUMBER	EXP. YEAR
1.					
2.					
3.					
4.					

## SECTION C. AUTHORIZATION (THIS SECTION MUST BE COMPLETED BY ALL.)

I/We hereby certify that I/we are requesting Missouri vehicle and/or driver license records under the provisions of the Federal Driver's Privacy Protection Act and Missouri law. I/We are authorized to obtain these records and personal information based on the following (please review carefully and check the appropriate entry that allows you authorization to obtain personal information on a restricted record):

- ☐ (01) A government agency (federal, state or local) or employed by such, and authorized to request vehicle/driving records for the purpose of the government agency to carry out its functions.
- ☐ (02) A Missouri Circuit, Associate Circuit or Municipal court, an out-of-state court, or employed by such, and authorized to request vehicle/driving records for the purpose of the court to carry out its functions.
- ☐ (03) A Missouri or out-of-state law enforcement agency or employed by such, and authorized to request vehicle/driving records for the purpose of the law enforcement agency to carry out its functions.
- ☐ (04) Authorized under the Federal Driver's Privacy Protection Act to request and obtain the vehicle/driving record for use in connection with matters of motor vehicle or driver safety and theft; motor vehicle emissions; motor vehicle product alterations, recalls, or advisories; performance monitoring of motor vehicles, motor vehicle parts and dealers; motor vehicle market research activities, including survey research; and removal of non-owner records from the original owner records of motor vehicle manufacturers.
- ☐ (05) Authorized representative, agent, contractor, or employed by such, of a legitimate business and the vehicle/driving record being requested will be used for normal course of business; but only to:
- a) verify accuracy of the personal information.
- b) obtain correct information but only for purposes of preventing fraud, pursuing legal remedies or collecting a debt.

# Exhibit B (Cont'd.)

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## SECTION C. AUTHORIZATION (CONT.)

- ☐ (06) Authorized under the Federal Driver's Privacy Protection Act to request and obtain the vehicle/driving record for use in connection with any civil, criminal, administrative, or arbitral proceeding in any federal, state, or local court or agency or before any self-regulatory body, including the service of process, investigation in anticipation of litigation, and the execution or enforcement of judgments and orders, or pursuant to an order of a federal, state, or local court.
- ☐ (07) Authorized under the Federal Driver's Privacy Protection Act to request and obtain the vehicle/driving record for use in research activities, and producing statistical reports, so long as the personal information is not published, redisclosed, or used to contact individuals.
- ☐ (08) Authorized representative, agent, contractor, or employed by such, of an *insurer, insurance support organization or self-insured entity* and the vehicle/driving record being requested will be used only in connection with the following:
- a) claims investigation activities
  - b) antifraud activities
  - c) rating or underwriting
- ☐ (09) Authorized under the Federal Driver's Privacy Protection Act to request and obtain the vehicle/driving record for use in providing notice to the owners of towed or impounded vehicles.
- ☐ (10) Authorized representative or owner of a licensed private investigative agency or licensed security service and the vehicle/driving record is being requested for the use of purposes permitted under the Federal Driver's Privacy Protection Act.
- ☐ (11) Authorized as an employer, or its agent or insurer under the Federal Driver's Privacy Protection Act to request and obtain the vehicle/driving record for use in obtaining or verifying information relating to a holder of a commercial driver's license (CDL).
- ☐ (12) Authorized representative or owner of a private toll transportation facility and authorized under the Federal Driver's Privacy Protection Act to request and obtain the vehicle/driving record for use in the operation of the facility.
- ☐ (13) Authorized under the law of the state that holds the record to request and obtain the vehicle/driving record if the vehicle/driving record will be used in relationship to the operation of the motor vehicle or public safety.
- ☐ (14) Authorized persons who have a purpose to disseminate to the public a newspaper, book, magazine, broadcast or similar form of public communication, including dissemination by computer or other electronic means, when such dissemination is related to the operation of a motor vehicle or to public safety.

**NOTE: A record holder's photograph, social security number, and medical or disability information may only be obtained for use 1) by any government agency in carrying out its functions, 2) in connection with any civil, criminal, administrative or arbitral proceeding, 3) by any insurer or insurance support organization or by a self-insured entity, or its agents, employees, or contractors in connection with claims activities, antifraud activities, rating or underwriting, or 4) by an employer to obtain or verify information relating to a holder of a commercial driver license. This is pursuant to the Federal Driver's Privacy Protection Act, section 2721 of Title 18 of the United States Code and as amended by Public Law 106-69, Section 350.**

I certify under the penalty of perjury that all information completed in Sections A, B and C is true and correct and the willful, unauthorized disclosure of information from any Department record for a purpose other than the one stated in the request or the sale or other distribution of the information to a person or organization not disclosed in the request may result in penalties imposed under Title 18 U.S.C. Section 2724 and Missouri Revised Statutes Section 575.050.

YOU MUST CHECK THE BOX(ES) THAT APPLY IN SECTION C. AUTHORIZATION	SIGNATURE OF REQUESTER	DATE SIGNED
<b>NOTARY INFORMATION</b>		
NOTARY PUBLIC EMBOSSEER OR BLACK RUBBER STAMP SEAL	STATE	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS	
	DAY OF	YEAR
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES
	NOTARY PUBLIC NAME (TYPED OR PRINTED)	
USE RUBBER STAMP IN CLEAR AREA BELOW.		

## SECTION D. APPLICATION FOR SECURITY ACCESS CODE

Provide the remaining information including the signature requirements and notarization if you will be a frequent requester of records and desire to have a security access code established with the Department of Revenue. **You must check the appropriate box(es) that apply in Section C. Authorization.**

# Exhibit B (Cont'd.)

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## PREVIOUS ACCESS

1. Have you, your partners, any corporate officer, or the business previously applied for, had, or have a Missouri Security Access Code for the purpose of obtaining restricted records? ☐ Yes ☐ No If yes, indicate the current/prior Security Access number/requester code(s).  
Security Access Number(s) \_\_\_\_\_
2. Do you currently have an account number to obtain vehicle or driving records? ☐ Yes ☐ No If yes, record the account number(s).  
Motor Vehicle Bureau \_\_\_\_\_ Drivers License Bureau \_\_\_\_\_  
Information Systems Division \_\_\_\_\_

## GENERAL PROVISIONS

1. This request is between the State of Missouri, Department of Revenue, hereinafter referred to as the "Department," and \_\_\_\_\_ hereinafter referred to as "requester," for the purpose of the Department providing information from its files.
2. The requester shall submit a completed Application for Security Access Code which, when approved by the Department will be incorporated as part of this agreement.
3. Requester shall not use the Department records for any purpose other than that approved by the Department in accordance with the Federal Driver's Privacy Protection Act and indicated in the authorization section of this application.

## GENERAL SECURITY REQUIREMENTS

1. Requester shall maintain the security and integrity of the information received. A violation of any provisions of this agreement, whether by omission or commission, shall be grounds for action by the Department and may result in suspension of the security access code.
2. Requester shall ensure compliance with all security provisions of this agreement. If fraud or abuse is suspected or confirmed, the requester shall immediately notify the Department by telephone at (573) 751-2633. A written notification containing all facts therein shall be prepared by the requester within three business days and mailed to the Department at the following address: MISSOURI DEPARTMENT OF REVENUE, GENERAL COUNSEL, PO BOX 475, JEFFERSON CITY, MO 65105-0475.
3. Requester shall maintain a current list of persons and entities authorized to access Department records. This list shall be available to the Department upon demand.
4. Each Department approved requester that resells or discloses personal information covered by the Federal Driver's Privacy Protection Act must keep, for a period of five years, records identifying each person or entity that receives such information and the permitted purpose for which the information will be used and must make such records available to the Department upon request.
5. Each Department approved requester that resells or rediscloses personal information must ensure that the receivers of the requested records are authorized under the Driver's Privacy Protection Act and the receivers understand their responsibilities.
6. Requester shall not disclose its Department assigned security access code verbally, in writing, or when passing data electronically to anyone other than a Department representative or an authorized individual who is in the direct employ of the requester.
7. Requesters shall not sell, retain, distribute, provide, or transfer any record information or portion of the record information acquired under this agreement except as authorized by the Department and the Federal Driver's Privacy Protection Act.

## STATEMENT OF UNDERSTANDING, CERTIFICATION SIGNATURE(S)

Instructions: Please read the statement of understanding and sign I, II, III, or IV, as appropriate on the back of this form.

I understand that false or misleading answers are cause for denial of an application and/or termination of any access request granted. I authorize the Director of Revenue, or the Director's designee, to investigate any matter or statement contained in this request.

I understand that if this request is approved, I will be required to conform to the statements presented within. I further understand that I will be required to sign a statement which is a part of this request. This request specifies the terms and conditions of our relationship. Any deviations will be considered by the Department of Revenue as misuse, and may result in both suspension of the security access code and refusal of subsequent requests.

I understand that according to provisions of the Missouri Revised Statutes and the Federal Driver's Privacy Protection Act, any person holding a security access code who directly or indirectly obtains information from the Department of Revenue using false representations or distributes restricted or confidential information to any person or uses the information for a reason not authorized or specified in this request is liable and penalties may be imposed under Title 18 U.S.C. Section 2724 and Missouri Revised Statutes Section 575.050 and shall have their security access code denied.

(Signature required on the back of this form.)

# Exhibit B (Cont'd.)

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**STATEMENT OF UNDERSTANDING, CERTIFICATION SIGNATURES (CONT.)**

I certify under the penalty of perjury, under the laws of Missouri, that I have read and understand the aforementioned statements, and agree to comply with the requirements contained therein and, if approved to receive personal information, that measures have been instituted to ensure that each request for personal information from the files of the Department of Revenue is used pursuant to the identified federal or state statutes, regulations, and rules of the court.

**I. Individual:** I certify under the penalty of perjury that all answers and information contained within this application for security access code are true and correct.

SIGNATURE

X

DATE

**II. Partnership:** We certify under the penalty of perjury that we are co-partners as shown on this application, and that no other person is associated in the ownership of the business, and that all answers and information contained within this application for security access code are true and correct.

SIGNATURE

X

DATE

SIGNATURE

X

DATE

**III. Corporation:** I certify under the penalty of perjury that I am a corporate officer authorized to sign for the corporation identification number and that all answers and information contained within this application for security access code are true and correct.

SIGNATURE

X

DATE

TITLE

**IV. News Medium:** I certify under the penalty of perjury that I am authorized to sign for the news medium security access code and that all answers and information contained within this application for a security access code are true and accurate.

SIGNATURE

X

DATE

TITLE

**NOTARY INFORMATION**NOTARY PUBLIC EMBOSSE OR  
BLACK RUBBER STAMP SEAL

STATE

COUNTY (OR CITY OF ST. LOUIS)

SUBSCRIBED AND SWORN BEFORE ME, THIS

DAY OF

YEAR

**USE RUBBER STAMP IN CLEAR AREA BELOW.**

NOTARY PUBLIC SIGNATURE

MY COMMISSION  
EXPIRES

NOTARY PUBLIC NAME (TYPED OR PRINTED)

➔ For additional information concerning driver license records, please contact the DRIVER AND VEHICLE SERVICES BUREAU, PO BOX 200, JEFFERSON CITY MO 65105-0200. Telephone: (573) 751-4300 FAX: (573) 526-7367.

➔ For additional information concerning motor vehicle records, please contact the DRIVER AND VEHICLE SERVICES BUREAU, MAIL STOP 35, PO BOX 100, JEFFERSON CITY MO 65105-0100. Telephone: (573) 751-4509 FAX: (573) 751-7060.

**FOR OFFICE USE ONLY**

MVB	ACTIVITY CODE	BATCH NUMBER	PROCESSED BY	DATE	IF FORM INDICATES REQUEST FOR RECORDS/SECURITY ACCESS CODE FOR OTHER BUREAU, FORWARD A COPY OF THIS FORM TO THAT BUREAU.
DLB	ACTIVITY CODE	BATCH NUMBER	PROCESSED BY	DATE	DATE FORM SENT TO OTHER BUREAU IF APPLICABLE

MO 860-2763 (12-03)



# Exhibit C



MISSOURI DEPARTMENT OF REVENUE  
DRIVER AND VEHICLE SERVICES BUREAU  
PO BOX 100  
JEFFERSON CITY MO 65105-0100  
(573) 526-3669 [www.dor.state.mo.us/mvdl](http://www.dor.state.mo.us/mvdl)

## REQUEST FOR INFORMATION

### DRIVER'S PRIVACY PROTECTION ACT (DPPA)

To obtain the name and address on motor vehicle and marine titling and registration records, you **must** provide your DPPA access number in the box below. All previous owner information is restricted. If you do not have an access code, please request Form 4678 from this office. Form 4678 will inform you of who may receive a security access code.

PERSONAL INFORMATION			OFFICE VALIDATION
NAME - LAST, FIRST, MIDDLE INITIAL			
STREET ADDRESS, R.R., OR P.O. BOX NUMBER			
CITY/STATE/ZIP CODE			
TELEPHONE NUMBER	DOR ACCOUNT NUMBER *	DPPA ACCESS NUMBER	

OWNER INFORMATION (The owner's address must be provided to obtain a list of motor vehicle or marine craft owned by this individual.)	
NAME - LAST, FIRST, MIDDLE INITIAL	
STREET ADDRESS, R.R., OR P.O. BOX NUMBER	CITY, STATE, ZIP CODE

MOTOR VEHICLE INFORMATION		<input type="checkbox"/> MOTOR VEHICLE	
1	YEAR	MAKE	TITLE NUMBER
	VEHICLE IDENTIFICATION NUMBER		
	LICENSE PLATE NUMBER		EXPIRATION YEAR
2	YEAR	MAKE	TITLE NUMBER
	VEHICLE IDENTIFICATION NUMBER		
	LICENSE PLATE NUMBER		EXPIRATION YEAR

MARINE CRAFT INFORMATION		<input type="checkbox"/> MARINE		
1	YEAR	MAKE	DECAL NUMBER	EXPIRATION YEAR
	IDENTIFICATION NUMBER			
	ADDITIONAL INFORMATION			
2	YEAR	MAKE	DECAL NUMBER	EXPIRATION YEAR
	IDENTIFICATION NUMBER			
	ADDITIONAL INFORMATION			

### REQUEST FOR INFORMATION

Please check below the type of information you want to receive. A brief explanation of information this office will provide follows each type of request. You have four payment options:

1. "Payment with Request - Walk In": You may pay with cash/check or money order when requesting information in person at the Central Office located in Room 370 of the Truman State Office Building in Jefferson City.

2. "Payment with Request - Mail-In": You may pay by check or money order when sending your request through the mail to PO BOX 100, JEFFERSON CITY MO 65105-0100.

\*3. "Billed for Request - Telephone": The Central Office receives your request by telephone and bills your account. You must have an account set up with the Central Office. Current owner information is given over the phone; histories are mailed to the address provided.

\*4. "Billed for Request - Mail-In": You mail this completed form to the Central Office at the address above. You must have an account set up with this office. These requests will be billed to your account.

- ☐ **CURRENT OWNER** (You must provide the license plate number or marine decal number or year, make and identification number.) You will receive only the name and address of latest owner on file, in addition to the vehicle information and any lienholder of record.
- ☐ **TITLE HISTORY** (You must provide the year, make and identification number.) You will receive a list that shows each time the ownership changed in this state. The list will include the owner's name and address (subject to DPPA as noted above) and the title number, issue date and mileage.
- ☐ **MILEAGE HISTORY** (You must provide the year, make and identification number.) You will receive a list that shows each time the ownership changed in this state. The list will include the mileage, title number and issue date.
- ☐ **STATUS OF TITLE** (You must provide the copy of your pink receipt you received when you applied for title.)
- ☐ **NAME HISTORY** (You must provide the owner's name and address.) You will receive a list of the current vehicles registered in that owner's name.
- ☐ **CERTIFICATION OF RECORDS** - If you want a notarized copy of the records requested above, please submit an additional **\$3 per record**.
- ☐ **FAX RECORDS** - Records will be faxed to you for \$.50 per page.

SIGNATURE

DATE

PAYMENT WITH REQUEST		BILLED FOR REQUEST	
WALK-IN	MAIL-IN	TELEPHONE	MAIL-IN
\$1.25	\$4.50	\$4.00	\$7.00
\$6.00	\$8.00	\$10.50	\$10.50
\$6.00	\$8.00	\$10.50	\$10.50
FREE	FREE	FREE	FREE
\$6.00	\$8.00	\$10.50	\$10.50

THE MISSOURI DEPARTMENT OF REVENUE MAY ELECTRONICALLY RESUBMIT CHECKS RETURNED FOR INSUFFICIENT OR UNCOLLECTED FUNDS

MO 860-2873 (2-02)

DOR-4603

# Exhibit D



MISSOURI DEPARTMENT OF REVENUE  
DRIVER AND VEHICLE SERVICES BUREAU  
PO BOX 100, JEFFERSON CITY, MO 65101-0100  
(573) 526-3669 [www.dor.state.mo.us/mvdl](http://www.dor.state.mo.us/mvdl)

## APPLICATION TO SET UP ACCOUNT

ACCOUNT NUMBER ASSIGNED BY DVSB		SECURITY ACCESS CODE	
<input type="checkbox"/> NEW ACCOUNT <input type="checkbox"/> UPDATING CURRENT ACCOUNT INFORMATION			
<input type="checkbox"/> ATTORNEY <input type="checkbox"/> TITLE SERVICE <input type="checkbox"/> CAR DEALER			
<input type="checkbox"/> LIENHOLDER <input type="checkbox"/> TOWING COMPANY <input type="checkbox"/> COLLECTION AGENCY			
<input type="checkbox"/> PRIVATE INVESTIGATOR <input type="checkbox"/> INSURANCE AGENT/BROKER			
<input type="checkbox"/> OTHER _____			
APPLICANT'S NAME (BUSINESS OR INDIVIDUAL)		SSN /FEIN NUMBER	
ADDRESS			
CITY		STATE	ZIP
BILLING ADDRESS			
CITY		STATE	ZIP
NAME AND TITLE OF CONTACT PERSON TO RESOLVE ACCOUNT PROBLEMS			
TELEPHONE NUMBER (     )                      EXTENSION		FAX NUMBER (     )	
COMMENTS:			
APPLICANT AGREEMENT: TO MAKE PAYMENT OF STATEMENT WITHIN 15 DAYS OF RECEIPT.			
SIGNATURE		DATE	

MO 860-2842 (5-02)

DOR-4761

# Exhibit E



MISSOURI DEPARTMENT OF REVENUE  
DRIVER AND VEHICLE SERVICES BUREAU  
PO BOX 100, JEFFERSON CITY MO 65105  
(573) 751-4509 [www.dor.state.mo.us/mvdl](http://www.dor.state.mo.us/mvdl)  
**GENERAL AFFIDAVIT**

FORM  
**768**  
(REV. 8-02)

**WARNING:** "ANY FALSE STATEMENT IN THIS AFFIDAVIT IS A VIOLATION OF LAW, AND MAY BE PUNISHED BY FINE OR IMPRISONMENT, OR BOTH (301.420)." QUESTIONS SHOULD BE REFERRED TO (573) 751-4509.

## COMPLETE INFORMATION AS REQUIRED

I, the undersigned, do hereby certify that . . . .

- ☐ 1. **DUPLICATE/REPLACEMENT NEEDED** ☐ Duplicate Title ☐ Replacement Plate ☐ Replacement Tab . . . . the indicated item was ☐ lost, ☐ stolen, or ☐ mutilated. If item is later found, it will be returned to the Missouri Department of Revenue. If the item is mutilated, it must be submitted with this request. If a plate was lost, please specify which law enforcement agency was notified. \_\_\_\_\_
- ☐ 2. **NON-USE** . . . . the motor vehicle described on the attached application has not been operated on public roads or the highways of Missouri by myself, or my agent during the period of \_\_\_\_\_ to \_\_\_\_\_.
- ☐ 3. **GIFT** . . . . I am giving this motor vehicle to \_\_\_\_\_ and there is no money or other valuable consideration involved in the transaction.
- ☐ 4. **VEHICLE OUT OF STATE** . . . . the vehicle described below has not been in the state of Missouri for the 60 day period immediately preceding the date of this application for registration and will be submitted for inspection at an official inspection station within 10 days after entering the state by myself, or my agent.
- ☐ 5. I am a trustee named in the \_\_\_\_\_ trust and am authorized to act on behalf of the trust agreement, and transfer ownership of the vehicle described below.
- ☐ 6. **NAME CHANGE** . . . . My name has been changed from \_\_\_\_\_ to \_\_\_\_\_ due to ☐ marriage or ☐ divorce and that I am one and the same person.
- ☐ 7. **ABANDONED VEHICLE ON REAL PROPERTY** . . . . the vehicle described below was abandoned on real estate owned or purchased by me located at (address, city, state): \_\_\_\_\_, and has an approximate retail/fair market value of \$ \_\_\_\_\_. List circumstances by which the real property owner came into possession of the abandoned vehicle:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- ☐ 8. **Other** . . . . \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OWNER (TYPE OR PRINT)	YEAR	MAKE	MODEL
SIGNATURE OF OWNER			
VEHICLE IDENTIFICATION NUMBER	ORIGINAL TITLE NUMBER	CURRENT LICENSE NUMBER	

## NOTARY PUBLIC - (ONLY REQUIRED ON ITEM 1 OR 2)

NOTARY PUBLIC EMBOSSEER OR BLACK INK RUBBER STAMP SEAL	STATE OF	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS	
	DAY OF	
	<b>USE RUBBER STAMP IN CLEAR AREA BELOW.</b>	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES
	NOTARY PUBLIC NAME (TYPED OR PRINTED)	



# Exhibit F



MISSOURI DEPT. OF REVENUE  
DRIVER AND VEHICLE SERVICES  
BUREAU  
**SECURE POWER  
OF ATTORNEY**

FORM  
**3020S**  
(REV. 1-03)

**3356143 A**

## **Conforming Title**

A Secure Power of Attorney may only be used with a conforming title if:

1. The **purchaser** is signing on behalf of the seller on the **first** assignment, and
2. The conforming title is a **duplicate** or the conforming title is being **held by the lienholder**.

## **Nonconforming Title**

A Secure Power of Attorney may be used with a nonconforming title if the purchaser is signing on behalf of the seller.

VEHICLE IDENTIFICATION NUMBER	YEAR	MAKE
TITLE NUMBER	MODEL	BODY STYLE

## **POWER OF ATTORNEY TO DISCLOSE MILEAGE/TRANSFER OWNERSHIP**

**FEDERAL LAW REQUIRES THAT YOU STATE THE MILEAGE UPON TRANSFER OF OWNERSHIP. PROVIDING A FALSE STATEMENT MAY RESULT IN FINES AND/OR IMPRISONMENT.**

<b>I APPOINT</b>	PURCHASER'S NAME (PRINTED OR TYPED)
As my attorney-in-fact, to sign the title on the above referenced vehicle for the purpose of transferring ownership and to disclose the mileage on the title for the vehicle described above exactly as stated in my following disclosure.	
I state that the odometer now reads as indicated below and to the best of my knowledge that it reflects the actual mileage unless one of the following statements is checked.	
ODOMETER READING (NO TENTHS)	<input type="checkbox"/> THE MILEAGE STATED IS IN EXCESS OF MECHANICAL LIMITS. <input type="checkbox"/> THE ODOMETER READING IS NOT THE ACTUAL MILEAGE. REASON REQUIRED: _____

## **ALL SELLERS MUST SIGN AND HAND-PRINT THEIR NAMES IN THE SPACE PROVIDED.**

DATE OF STATEMENT

SELLER'S SIGNATURE

SELLER'S PRINTED NAME

STREET ADDRESS

CITY, STATE, ZIP CODE

## **IF MULTIPLE PURCHASERS ARE INVOLVED, ONLY ONE PURCHASER IS REQUIRED TO HAND PRINT HIS/HER NAME AND SIGNATURE ON THE FORM.**

PURCHASER'S SIGNATURE

PURCHASER'S PRINTED NAME

STREET ADDRESS

CITY, STATE, ZIP CODE

Anytime a Secure Power of Attorney is used, the Missouri purchasing dealer must either: 1. Apply for title in the dealership's name, surrendering the Secure Power of Attorney with their application for title; or 2. The dealer may avoid retitling the vehicle by submitting the secure carbon copy of this power of attorney form and a copy of the front and back of the corresponding certificate of title to the Driver and Vehicle Services Bureau with the dealer's monthly sales reports. In this case, the dealer must give the subsequent purchaser the original/top copy of the Secure Power of Attorney which must accompany the certificate of title. If you have any questions, please call (573) 751-4509.

**WEB SITE ADDRESS: [www.dor.state.mo.us/mvdl](http://www.dor.state.mo.us/mvdl)**

MO 860-2087 (1-03)

**DISTRIBUTION: BROWN - ATTACH TO CERTIFICATE OF TITLE;  
BLUE ATTACH TO DEALER'S MONTHLY SALES REPORT**

# Exhibit G

## SAMPLE BOND FOR MISSOURI DEALER

Bond number: \_\_\_\_\_

KNOW ALL PERSONS BY THESE PRESENT, that I/we \_\_\_\_\_  
(Dealership Name)

as Principal, and \_\_\_\_\_,  
(Bonding Company)

existing under the laws of the State of \_\_\_\_\_, and having its principal  
place of business at \_\_\_\_\_, as Surety, are held and firmly  
bound unto the State of Missouri, for the benefit of all aggrieved parties in the penal sum of  
Twenty-Five Thousand Dollars (\$25,000.00) per license year for the payment of which, well and  
truly to be made, we bind ourselves, firmly by these presents.

WHEREAS the Principal has applied for the issuance of a Motor Vehicle and/or Boat  
Dealer's license and presents this bond in accordance with Missouri statute(s).

NOW, THEREFORE, if during the period(s) covered by this bond, the aforesaid Principal  
shall faithfully comply with the provisions of Missouri statutes applicable to new motor vehicle  
franchised dealers, used motor vehicle dealers, powersport dealers, wholesale motor vehicle  
dealers, and boat dealers, and shall indemnify for any loss sustained by reason of the acts of  
Principal when such acts constitute grounds for suspension or revocation of the Principal's  
license, this obligation shall be null and void. Otherwise this obligation shall remain in full force  
and effect subject to the following conditions:

The proceeds of this bond shall be paid upon receipt by the Missouri Department of  
Revenue of a final judgement from a Missouri court of competent jurisdiction against the  
Principal and in favor of an aggrieved party.

The aggregate liability of the Surety to all persons shall, in no event, exceed the amount  
of this bond during any one license year.

The bond shall be effective \_\_\_\_\_, and shall expire  
\_\_\_\_\_. (Bond can be listed as "non-expiring" or must list an expiration  
date through the end of the calendar year).

This bond may be canceled by the Surety giving written notice to the Principal and  
Missouri Department of Revenue, stating the date of cancellation, which in no event shall be less  
than thirty (30) days after receipt of said notice by the Director of Revenue; however, the Surety  
shall remain liable for any and all acts of the Principal covered by this bond up to the date of  
cancellation.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

PRINCIPAL'S SIGNATURE

WITNESS

\_\_\_\_\_  
Signature of Principal/Dealer (Seal)

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Title

SURETY'S SIGNATURE

WITNESS

\_\_\_\_\_  
Signature of Surety (Seal)

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Title

ATTACHMENT C-1

# Exhibit H



MISSOURI DEPARTMENT OF REVENUE  
DRIVER AND VEHICLE SERVICES BUREAU  
**APPLICATION FOR REPOSSESSED PLACARD(S)**

FORM  
**2510**  
(REV. 9-02)

VALIDATION ONLY			
NUMBER OF PLACARD(S) REQUESTED		REPOSSESSED PLACARD NUMBER(S) ASSIGNED	
BUSINESS NAME		TELEPHONE NUMBER	
STREET ADDRESS OR RFD		COUNTY	
CITY, STATE		ZIP CODE	
I hereby certify that the information given herein is correct and that the placard(s) applied for will be used in accordance with the laws of the State of Missouri. The signature below shall certify that I have and will maintain, during the period of registration, financial responsibility with respect to each motor vehicle that I own, license or operate on the streets or highways.			
SIGNATURE OF APPLICANT		DATE	
<b>IF REPLACEMENT PLACARD(S) IS/ARE NEEDED, COMPLETE THE FOLLOWING:</b>			
REASON REQUIRED <input type="checkbox"/> LOST <input type="checkbox"/> STOLEN <input type="checkbox"/> MUTILATED <input type="checkbox"/> DESTROYED			
<b>LIST REPOSSESSED PLACARD(S) TO BE REPLACED:</b>			
PLACARD NUMBER		NEW PLACARD NUMBER	
PLACARD NUMBER		NEW PLACARD NUMBER	
PLACARD NUMBER		NEW PLACARD NUMBER	
PLACARD NUMBER		NEW PLACARD NUMBER	
PLACARD NUMBER		NEW PLACARD NUMBER	
PLACARD NUMBER		NEW PLACARD NUMBER	
PLACARD NUMBER		NEW PLACARD NUMBER	
PLACARD NUMBER		NEW PLACARD NUMBER	
<b>NOTARY</b>			
NOTARY PUBLIC EMBOSSER SEAL	STATE OF		COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF 19		
	NOTARY PUBLIC SIGNATURE		MY COMMISSION EXPIRES
	NOTARY PUBLIC NAME (TYPED OR PRINTED)		<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>USE RUBBER STAMP IN CLEAR AREA BELOW.</b> </div>

*"Any false statement is a violation of the law and may be punished by fine, imprisonment or both." (301.420 RSMo)*  
 MO 860-0381 (9-02)      DISTRIBUTION: WHITE - OFFICE; PINK - APPLICANT; YELLOW - AUDIT

# Exhibit I



MISSOURI DEPARTMENT OF REVENUE  
DRIVER AND VEHICLE SERVICES BUREAU  
**WATERCRAFT AND/OR OUTBOARD MOTOR  
AFFIDAVIT OF OWNERSHIP AND INSPECTION**

FORM  
**798**  
(REV. 8-02)

This form must be submitted directly to the DRIVER AND VEHICLE SERVICES BUREAU, PO BOX 100, JEFFERSON CITY, MO 65105-0100. Questions should be referred to (573) 526-3669. Do not submit to your local license office except for situations 2 and 4 below. **ALL APPROPRIATE BLOCKS ON THIS FORM MUST BE COMPLETED OR IT WILL BE REJECTED.**

This affidavit and inspection form must be completed and accompany an application for title anytime the owner of a vessel or outboard motor cannot obtain sufficient proof of ownership from the seller. **(Depending on the latest records on file with the Missouri Department of Revenue, the applicant may be required to obtain a court order to determine ownership.)** This affidavit must be completed when applying for a replacement identification number or a new identification number for a vessel, outboard motor, or a manufactured vessel trailer. It must also be completed the first time application for title is made on a homemade vessel or outboard motor. **This form should be used when the private property owner applies for titles for vessels/outboard motors abandoned on their property without their consent.**

The applicant's portion of this form must be completed and signed by the applicant. A notary public must witness the applicant's signature and complete all notary information, only when obtaining a replacement identification number.

### APPLICANT

PURCHASER/OWNER		PHONE NUMBER ( )		SELLER'S NAME (IF APPLICABLE)		PHONE NUMBER ( )	
ADDRESS				ADDRESS			
CITY		STATE	ZIP CODE	CITY		STATE	ZIP CODE
YEAR	MAKE	HULL IDENTIFICATION NO./VEHICLE IDENTIFICATION NO.		MODEL	PURCHASE PRICE/RETAIL VALUE		DATE PURCHASED/ACQUIRED

### ONE OF THE FOLLOWING MUST BE COMPLETED.

- 1) A REPLACEMENT IDENTIFICATION NUMBER IS NEEDED FOR THE FOLLOWING UNIT: ☐ VESSEL ☐ OUTBOARD MOTOR ☐ VESSEL TRAILER  
THE ORIGINAL IDENTIFICATION NUMBER WAS ☐ LOST ☐ STOLEN OR ☐ DESTROYED/MUTILATED
- 2) A NEW IDENTIFICATION NUMBER IS NEEDED FOR THE FOLLOWING UNIT: ☐ VESSEL - HOMEMADE (MOZ) ☐ VESSEL - MANUFACTURED (MOZA)  
☐ OUTBOARD MOTOR - HOMEMADE ☐ OUTBOARD MOTOR - MANUFACTURED ☐ MANUFACTURED VESSEL TRAILER
- 3) THIS UNIT HAS NOT BEEN TITLED OR REGISTERED BECAUSE:  
☐ THE UNIT WAS OPERATED ON PRIVATE WATERS ONLY.  
☐ THE UNIT WAS HOMEMADE.  
☐ I HAVE NO TITLE, REGISTRATION, OR BILL OF SALE FOR THIS UNIT. THE CIRCUMSTANCES SURROUNDING MY ACQUISITION OF THIS UNIT ARE LISTED BELOW. IF THE UNIT WAS ABANDONED ON REAL ESTATE OWNED OR PURCHASED BY YOU, INCLUDE THE LOCATION (ADDRESS, CITY, STATE) OF THE UNIT AND THE NUMBER OF ANY DECAL THAT WAS ATTACHED TO THE UNIT.  
(ATTACH ADDITIONAL SHEET IF NECESSARY) \_\_\_\_\_
- 4) ☐ OTHER (SUCH AS TITLE CORRECTION/VERIFICATION)

I CERTIFY THAT THE FACTS STATED HEREIN ARE TRUE TO THE BEST OF MY KNOWLEDGE. SIGNATURE OF OWNER

### NOTARY INFORMATION - REQUIRED ONLY WHEN OBTAINING A REPLACEMENT IDENTIFICATION NUMBER

AFFIX SEAL IN THIS BOX	SWORN TO AND SUBSCRIBED BEFORE ME THIS	
	DAY OF	
	MY COMMISSION EXPIRES	NOTARY PUBLIC SIGNATURE

### INSPECTION VERIFICATION - LAW ENFORCEMENT AGENCY/AGENT (SEE REVERSE SIDE FOR CODES)

CHECK ONLY ONE: <input type="checkbox"/> VESSEL/BOAT - HOMEMADE <input type="checkbox"/> VESSEL/BOAT - MANUFACTURED <input type="checkbox"/> OUTBOARD MOTOR - HOMEMADE <input type="checkbox"/> OUTBOARD MOTOR - MANUFACTURED <input type="checkbox"/> HOMEMADE VESSEL TRAILER (for replacement DRX# only) <input type="checkbox"/> MANUFACTURED VESSEL TRAILER							
HULL/IDENTIFICATION NUMBER (IF NO PUBLIC NUMBER, RECORD CONFIDENTIAL NUMBER)				YEAR	MAKE	MODEL NUMBER	H.P.
HULL IDENTIFICATION NUMBER NEEDED <input type="checkbox"/> NO NUMBER NEEDED <input type="checkbox"/> ISSUE NEW NUMBER <input type="checkbox"/> ISSUE REPLACEMENT NUMBER							
COLOR	LENGTH	MATERIAL	TYPE OF PROPULSION	BOAT TYPE	MO. NUMBER	REGISTRATION DECAL NUMBER	DECAL EXP. YR.
I CERTIFY THAT I HAVE PHYSICALLY INSPECTED THE VESSEL/OUTBOARD MOTOR/TRAILER DESCRIBED ABOVE. NCIC AND MULES CHECKS OF PERTINENT SERIAL NUMBERED PARTS OR UNIT IDENTIFICATION NUMBERS CAME BACK AS NOT STOLEN, AND THE INFORMATION ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.						DATE INSPECTED	
CONDITION OF UNIT <input type="checkbox"/> RUNNING CONDITION <input type="checkbox"/> MINOR DAMAGE <input type="checkbox"/> SALVAGED							
REMARKS: _____ _____ _____							
LAW ENFORCEMENT AGENCY				FILE NUMBER	EXAMINING OFFICER'S SIGNATURE		BADGE NUMBER

MO 860-0302 (8-02)

DISTRIBUTION: WHITE - DEPARTMENT OF REVENUE; CANARY - INSPECTING AGENCY

# Exhibit J



MISSOURI DEPARTMENT OF REVENUE  
DRIVER AND VEHICLE SERVICES BUREAU  
**WATERCRAFT REGISTRATION NUMBER - PLEASURE**

YOUR ASSIGNED REGISTRATION NUMBER IS			
MO - - FE			
VALIDATION			
OWNER'S NAME (LAST) (FIRST) (MIDDLE)			
ADDRESS, RFD OR P.O. BOX NUMBER			COUNTY
CITY		STATE	ZIP CODE
YEAR	MAKE	HULL IDENTIFICATION NUMBER	MODEL NUMBER
ISSUING OFFICE NAME			
NAME OF AGENT OR EMPLOYEE ISSUING IDENTIFICATION NUMBER			
<p>The registration number assigned to a vessel shall be attached to each side of the forward half of the vessel in such position as to provide clear legibility. Black or dark numbers should be used on light hulls, and white or light numbers should be used on dark colored hulls, providing a sharp contrast.</p> <p>The registration numbers shall read from left to right, and shall be in block characters of good proportions, not less than 3 inches in height. The numbers must be divided into parts. The letters, prefix and suffix, shall be separated from the numbers by 2 inch spaces. A hyphen may be used within the 2 inch space.</p> <p>No number other than the registration number awarded to a vessel or granted reciprocity shall be painted, attached, or otherwise displayed on either side of the bow of the vessel.</p> <div style="display: flex; align-items: center; justify-content: space-around;"> <div style="text-align: center;"> <p>2 INCH SPACE</p> <p>↓ ↓</p> <p>MO 1234 AF } AT LEAST 3 INCHES</p> <p>OR</p> <p>MO-1234-AF</p> </div> <div style="text-align: center;"> <p>Starboard Side      Port Side</p> </div> </div>			

MO 860-0516 (8-03)

DISTRIBUTION: WHITE - REVENUE CANARY - BRANCH/AGENT COPY  
PINK - CUSTOMER COPY - PLEASE RETAIN

DOR-2691-1 (8-03)



# Exhibit K



MISSOURI DEPARTMENT OF REVENUE  
DRIVER AND VEHICLE SERVICES BUREAU

**APPLICATION FOR REPLACEMENT OF VEHICLE/VESSEL/  
TRAILER IDENTIFICATION NUMBER PLATE**

FORM  
**923**  
(REV. 2-03)

REPLACEMENT PLATE CONTROL NO.

**SEE INSTRUCTIONS ON REVERSE**

VALIDATION ONLY

**APPLICANT**

REGISTERED OWNER (LAST, FIRST, MIDDLE)	DEALER NUMBER	COUNTY	TELEPHONE NUMBER ( )
STREET, RR, OR P.O. BOX NUMBER	CITY	STATE	ZIP CODE

**MOTOR VEHICLE/TRAILER**

YEAR	MAKE	BODY STYLE	VEHICLE IDENTIFICATION NUMBER	MISSOURI TITLE NUMBER	LICENSE NUMBER
LOSS OF VIN. PLATE REPORTED TO:			DATE	COLOR	REASON REQUIRED <input type="checkbox"/> LOST <input type="checkbox"/> STOLEN <input type="checkbox"/> MUTILATED <input type="checkbox"/> DESTROYED

**VESSEL/OUTBOARD MOTOR**

YEAR	MAKE	MODEL NUMBER	HULL IDENTIFICATION NUMBER	MISSOURI TITLE NUMBER	REGISTRATION NUMBER
HP	COLOR	LENGTH	MATERIAL	TYPE OF PROPULSION	
LOSS OF VIN. PLATE REPORTED TO:			DATE	REASON REQUIRED <input type="checkbox"/> LOST <input type="checkbox"/> STOLEN <input type="checkbox"/> MUTILATED <input type="checkbox"/> DESTROYED	

**SIGNATURE**

I certify that the statements above are true and that I am the registered owner of the above described unit(s).	APPLICANT'S SIGNATURE
---	-----------------------

**NOTARY INFORMATION**

NOTARY PUBLIC EMBOSSER OR BLACK INK RUBBER STAMP SEAL	STATE	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS	
	DAY OF	YEAR
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES
NOTARY PUBLIC NAME (TYPED OR PRINTED)		
USE RUBBER STAMP IN CLEAR AREA BELOW.		

**FOR AUTHORIZED LAW ENFORCEMENT AGENCY USE ONLY - DO NOT WRITE BELOW THIS LINE**

I certify that on \_\_\_\_\_ I physically inspected the above described vehicle/vessel/outboard motor after the applicant provided satisfactory proof of ownership and found the vehicle/hull identification number(s) to be:

PUBLIC VIN	<input type="checkbox"/> The VIN plate listed below must be surrendered at the time a new replacement number is issued.			
POLICE VIN				
LAW ENFORCEMENT AGENCY	FILE NUMBER	EXAMINING OFFICER'S SIGNATURE	TELEPHONE NUMBER ( )	BADGE NO.

I certify that on \_\_\_\_\_ I did affix the replacement plate, control number \_\_\_\_\_ issued by the Department of Revenue to the above vehicle.

☐ The outstanding VIN plate listed above has been surrendered and forwarded to the Missouri State Highway Patrol, Auto Theft Unit.

LAW ENFORCEMENT AGENCY	LAW ENFORCEMENT OFFICER	BADGE NO.
REMARKS AND DISCREPANCIES NOTED		

# Exhibit L



MISSOURI DEPARTMENT OF REVENUE  
MOTOR VEHICLE BUREAU  
**APPLICATION FOR PERMIT TO OPERATE AS A  
MOTOR VEHICLE/MARINECRAFT LEASING COMPANY**  
(SEE INSTRUCTIONS ON REVERSE SIDE)

FORM

**901**

(REV. 9-98)

LEASE/RENTAL NUMBER

EXPIRATION YEAR

LIST PREVIOUS LEASE/RENTAL NUMBER, IF APPLICABLE

## SECTION A: DO NOT WRITE IN THE SHADED AREAS OF THIS FORM

	1. TELEPHONE NUMBER (INCLUDE AREA CODE)
	2. PERSON TO CONTACT
MAIL TO:	
STREET	
CITY	COUNTY
STATE	ZIP CODE

**IMPORTANT:** If you are a corporation, partnership, or individual doing business under another name (DBA), record your legal name in Section 3 and your DBA in Section 3a.

3. BUSINESS NAME		3A. DBA NAME	
STREET		COUNTY	4. MISSOURI RETAIL SALES TAX LICENSE NUMBER
CITY	STATE	ZIP CODE	5. REGISTRATION NUMBER ON FILE WITH THE MISSOURI SECRETARY OF STATE'S OFFICE
6. MOTOR VEHICLE DEALER NUMBER EXP. YEAR		7. BOAT DEALER NUMBER EXP. YEAR	8. SALVAGE BUSINESS NUMBER EXP. YEAR

9. TYPE OF OPERATION: <input type="checkbox"/> A. LEASE <input type="checkbox"/> B. RENTAL <input type="checkbox"/> C. LEASE & RENTAL	10. TYPE OF UNITS LEASED/RENTED: <input type="checkbox"/> A. MOTOR VEHICLES <input type="checkbox"/> B. BOATS <input type="checkbox"/> C. OUTBOARD MOTORS <input type="checkbox"/> D. TRAILERS <input type="checkbox"/> E. OTHER	10. SALES TAX OPTION SELECTED <input type="checkbox"/> A. ELECTS TO PAY ALL APPLICABLE TAXES DUE ON ALL MOTOR VEHICLES, TRAILERS, WATERCRAFT OR OUTBOARD MOTORS AT THE TIME OF REGISTERING SUCH UNITS. <input type="checkbox"/> B. ELECTS NOT TO PAY THE TAX DUE AT THE TIME OF REGISTRATION OF ALL OF ITS MOTOR VEHICLES, TRAILERS, WATERCRAFT OR OUTBOARD MOTORS BUT WILL COLLECT AND REMIT ALL APPLICABLE TAXES ON THE AMOUNT CHARGED FOR EACH RENTAL OR LEASE AGREEMENT WHILE THE UNIT IS DOMICILED IN THIS STATE.
--	---	--

12. TYPE OF OWNERSHIP ☐ 1. INDIVIDUAL ☐ 2. PARTNERSHIP ☐ 3. CORPORATION (STATE OF INCORPORATION):

LIST ANY BRANCH LOCATIONS IF APPLICABLE: (USE SEPARATE SHEET IF NECESSARY)

13. NAME	ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NO.

OWNER(S)

14. LIST ALL OWNERS BELOW: (IF A CORPORATION, LIST ALL PRINCIPAL OFFICERS. ATTACH SEPARATE SHEET FOR ADDITIONAL OWNERS)

LAST NAME	FIRST	MI	HOME ADDRESS	CITY	STATE	ZIP CODE	HOME TELEPHONE NO.
1.							
2.							
3.							
4.							

15. I HEREBY CERTIFY THAT THE COMPANY NAMED HEREIN IS ENGAGED IN THE BUSINESS OF RENTING OR LEASING MOTOR VEHICLES, TRAILERS, BOATS AND/OR OUTBOARD MOTORS, WHICH ARE TO BE USED EXCLUSIVELY FOR RENTAL OR LEASING PURPOSES, AND NOT FOR RESALE. I FURTHER RESOLVE, AS THE AUTHORIZED OFFICER OF SAID COMPANY, THAT I HAVE ELECTED TO EXERCISE THE SALES TAX OPTION CHECKED ABOVE AS PROVIDED IN SECTION 144.070, RSMo., WITH RESPECT TO ALL UNITS HELD FOR RENTING OR LEASING PURPOSES. I FURTHER CERTIFY THAT ALL THE INFORMATION RECORDED HEREIN IS TRUE AND ACCURATE.

SIGNATURE OF OWNER OR OFFICER LISTED ABOVE	TITLE	DATE
--	-------	------

## SECTION B: COMPLETE THIS SECTION IF THE BUSINESS NAMED IN SECTION A IS A DIVISION OF A CORPORATION

16. NAME OF PARENT CORPORATION	ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NO.
--------------------------------	---------	------	-------	----------	---------------

17. LIST ALL OTHER DIVISIONS AND THEIR ADDRESSES (USE SEPARATE SHEET OF PAPER IF NECESSARY)

NAME OF DIVISION	ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NO.
1.					
2.					

18. I HEREBY CERTIFY THAT I AM A CORPORATE OFFICER OF (CORPORATE NAME) \_\_\_\_\_ AND THAT THE APPLICANT NAMED IN SECTION A IS A DIVISION OF SAID CORPORATION. I AUTHORIZE THE APPLICANT NAMED IN SECTION A TO APPLY TO THE DIRECTOR OF REVENUE FOR A PERMIT TO OPERATE AS A LEASE/RENTAL COMPANY IN THE STATE OF MISSOURI. APPLICANT AGREES TO COMPLY WITH ITEMS 1 THROUGH 3 ON THE BACK OF THIS APPLICATION.

SIGNATURE OF OFFICER OF PARENT CORPORATION	DATE
--	------

## FOR OFFICE USE ONLY

DATE APPROVED	DATE REJECTED	APPROVED BY
---------------	---------------	-------------

MO 860-0311 (9-98)

DISTRIBUTION: WHITE - OFFICE PINK - APPLICANT

# Exhibit M



MISSOURI DEPARTMENT OF REVENUE  
DRIVER AND VEHICLE SERVICES BUREAU  
**REASSIGNMENT OF OWNERSHIP  
BY REGISTERED DEALER**

FORM  
**2447**  
(REV. 8-03)

**MUST BE  
PRINTED  
LEGIBLY**

**THIS REASSIGNMENT BY A REGISTERED DEALER (RIDER) (DOR-2447) MAY BE USED ONLY BY A REGISTERED MISSOURI DEALER WHEN MAKING AN ASSIGNMENT OF OWNERSHIP ON A MANUFACTURER'S STATEMENT OF ORIGIN OR CERTIFICATE OF TITLE. Only one of these forms may be used and must be securely attached to the accompanying Manufacturer's Statement of Origin or Certificate of Title.**

**WARNING:** ALTERATIONS OR ERASURES WILL VOID THIS REASSIGNMENT OF OWNERSHIP BY A REGISTERED DEALER.

**INSTRUCTIONS TO SELLER:** Complete **ALL** spaces below except the blocks for the signature and printed names of the purchaser. Complete the mileage block as of the date of sale or transfer. Sign and hand print your name as seller only after the purchaser has signed and hand printed their name. Also record your position with the dealership. You state under penalty of perjury that the total purchase price represents the true amount collected for the sale of this vehicle.

**INSTRUCTIONS TO PURCHASER:** You must sign and hand print your name in the area provided.

VEHICLE IDENTIFICATION NUMBER	YEAR	MAKE
TITLE NUMBER	MODEL	BODY STYLE

I/we hereby assign and warrant the Manufacturer's Statement of Origin or Certificate of Title of the vehicle described on the face of the Manufacturer's Statement of Origin or Certificate of Title to which this form is attached and I/we certify the accuracy of the sale price and mileage as specified below subject to the following lien or encumbrance, if any.

PURCHASER(S) NAME (PRINTED OR TYPED)	SALE PRICE BY SELLER \$
ADDRESS	DATE OF SALE
TRADE-IN AMOUNT \$	NET PRICE \$
ODOMETER READING (NO TENTHS) I state that the odometer now reads the aforementioned miles and to the best of my knowledge that it reflects the actual mileage of the vehicle described herein, unless one of the following statements is checked.	<input type="checkbox"/> MILEAGE IN EXCESS OF ITS MECHANICAL LIMITS <input type="checkbox"/> MILEAGE READING NOT ACTUAL <b>(WARNING: ODOMETER DISCREPANCY)</b>

SIGNATURE OF PURCHASER(S)	SIGNATURE OF SELLER(S)
HAND PRINTED NAME(S) BY PURCHASER (AGENT/POSITION)	HAND PRINTED NAME(S) BY SELLER(S) (AGENT/POSITION)
DEALER NUMBER, IF APPLICABLE	DEALER NUMBER

LIENHOLDER(S) NAME (PRINTED OR TYPED)	DATE OF LIEN
ADDRESS	

**DISTRIBUTION:** WHITE ORIGINAL-attach to Manufacturer's Statement of Origin or Certificate of Title; PINK-retain for dealer's records.

NO. **1637201**

MO 860-0387 (8-03)

# Exhibit N



MISSOURI DEPARTMENT OF REVENUE  
DRIVER AND VEHICLE SERVICES BUREAU  
PO BOX 3325, JEFFERSON CITY, MO 65105-3325  
(573) 751-2609 [www.dor.state.mo.us/mvdl](http://www.dor.state.mo.us/mvdl)  
**VEHICLE EXAMINATION CERTIFICATE**

FORM  
**551**  
(REV. 7-02)

**288589**

ALL BILLS OF SALE FOR PARTS LISTED **MUST** BE IN APPLICANT'S NAME AND **MUST** ACCOMPANY THIS FORM WHEN SUBMITTED TO THE MISSOURI DEPARTMENT OF REVENUE FOR TITLE. THIS FORM **MUST** BE SUBMITTED TO THE CENTRAL OFFICE ONLY.

## APPLICANT

1. APPLICANT'S NAME (VEHICLE OWNER)

2. STREET ADDRESS

3. CITY

4. STATE

5. ZIP CODE

VALIDATION ONLY

1 209005 243 03 00002 6  
040704 288589 04  
.00

8. CHECK WHICH OF THE PARTS LISTED BELOW WERE INSTALLED ON THE MOTOR VEHICLE AND FILL IN THE REQUESTED INFORMATION FOR EACH. **PHOTOCOPIES OF THE FRONT AND BACK OF THE CERTIFICATE OF TITLE OR JUNKING CERTIFICATE TO THE VEHICLE(S) FROM WHICH EACH OF THE PARTS LISTED BELOW WERE TAKEN MUST BE SUBMITTED ALONG WITH CORRESPONDING DESCRIPTIVE, NOTARIZED BILLS OF SALE IN THE APPLICANT'S NAME. (ONLY A NOTARIZED BILL OF SALE IS REQUIRED FOR THE MOTOR/ENGINE AND TRANSMISSION.)**

PARTS	YEAR	MAKE	SERIAL NUMBER	TITLE NUMBER	STATE
<input type="checkbox"/> COWL					
<input type="checkbox"/> REAR CLIP					
<input type="checkbox"/> FRAME					
<input type="checkbox"/> BODY					
<input type="checkbox"/> CAB					
<input type="checkbox"/> FRONT CLIP					
<input type="checkbox"/> FRONT-END ASSEMBLY					
<input type="checkbox"/> MOTOR/ENGINE					
<input type="checkbox"/> TRANSMISSION					

9. LIST ANY OTHER ESSENTIAL PARTS SUCH AS BUMPER, HOOD, FENDER, GRILLE, TRUNK LID, DOORS, AND ATTACH CORRESPONDING BILLS OF SALE IN APPLICANT'S NAME. **TAXES ARE DUE ON PARTS UNLESS PAID AT THE TIME OF PURCHASE.**

9A. IF NO PARTS USED, INDICATE REASONS NO PARTS USED:

☐ STOLEN/RECOVERED ☐ FLOOD/HAIL DAMAGE ONLY ☐ OUT OF STATE VERIFICATION ☐ ABANDONED PROPERTY ☐ OTHER (EXPLAIN):

9B. IF NO PARTS USED, DESCRIBE REPAIRS:

9C. LIST THE YEAR, MAKE, AND VEHICLE IDENTIFICATION NUMBER OF THE VEHICLE BEING REBUILT.

I DO HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

IF THE MOTOR VEHICLE QUALIFIES AS A MOTOR CHANGE VEHICLE, AS DEFINED ON THE REVERSE, A SEPARATE NOTARIZED AFFIDAVIT SIGNED BY THE APPLICANT MUST BE SUBMITTED IN ADDITION TO THIS FORM EXPLAINING THE MOTOR CHANGE.

10. SIGNATURE OF OWNER OR AUTHORIZED AGENT OF BUSINESS

**X**

## DO NOT WRITE BELOW THIS LINE

TO BE COMPLETED BY AUTHORIZED PERSONNEL OF THE MISSOURI HIGHWAY PATROL, OR ST. LOUIS CITY/COUNTY AUTO THEFT.

11. COLOR	12. YEAR	13. PUBLIC VIN	YEAR
14. MAKE	15. CYL	16. POLICE VIN	YEAR
17. MODEL	18. HP	19. ENGINE VIN	YEAR
20. BODY STYLE	21. GVWR	22. TRANSMISSION VIN	YEAR
23. MILEAGE	24. EPA STICKER		YEAR

25. CHECK WHICH OF THE FOLLOWING PARTS WERE CHANGED:

☐ COWL ☐ REAR CLIP ☐ FRAME ☐ BODY ☐ CAB ☐ FRONT CLIP ☐ FRONT-END ASSEMBLY ☐ MOTOR/ENGINE

26. THIS VEHICLE IS A NON-USA STD MOTOR VEHICLE (CHECK IF APPLICABLE). ☐

27. CONDITION OF ABANDONED PROPERTY

☐ NO APPARENT DAMAGE ☐ DAMAGED (EXPLAIN IN BLOCK 28.) ☐ DAMAGED/REPAIRED (EXPLAIN IN BLOCK 28.)

28. REMARKS OR ANY DISCREPANCIES NOTED (USE ADDITIONAL SHEET OF PAPER IF NECESSARY).

☐ VERIFIED VEHICLE BEING REBUILT (SEE #9C)  
30. REASON FOR REJECTION

29. RECOMMENDED DOR ISSUE: ☐ REPLACEMENT VIN ☐ DR #

31. I CERTIFY TO THE BEST OF MY KNOWLEDGE THAT MY PHYSICAL INSPECTION OF THIS VEHICLE ON \_\_\_\_\_, 20\_\_\_\_\_, DISCLOSED THE INFORMATION IN ITEMS 11 THRU 28 AND THAT NO PERTINENT SERIAL NUMBERED PARTS OR VEHICLE IDENTIFICATION NUMBERS CAME FROM OR BELONG TO STOLEN VEHICLES.

32. LAW ENFORCEMENT AGENCY

33. FILE NUMBER

34. EXAMINING OFFICER'S SIGNATURE

35. EXAMINING OFFICER'S PHONE NUMBER

36. BADGE NUMBER

MO 860-0113 (7-02)

DISTRIBUTION: WHITE - APPLICANT SUBMIT TO REVENUE CANARY - EXAMINING OFFICER  
PINK - CUSTOMER GOLDENROD - OFFICE AUDIT COPY

# Exhibit O



MISSOURI DEPARTMENT OF REVENUE  
DRIVER AND VEHICLE SERVICES BUREAU  
PO BOX 100, JEFFERSON CITY MO 65105-0100  
(573) 751-4509 [www.dor.mo.gov/mvdl](http://www.dor.mo.gov/mvdl)  
**RETURN TITLE SLIP**

FORM  
**1319**  
(REV. 10-03)

TITLE NUMBER - FOR OFFICE USE ONLY		
CHECK ONE <input type="checkbox"/> MOTOR VEHICLE <input type="checkbox"/> MARINE		
<b>COMPLETE ONE FOR EACH APPLICATION</b>		
DATE		
TITLE APPLICANT'S NAME		TELEPHONE NUMBER (      )
YEAR	MAKE	
VEHICLE IDENTIFICATION NUMBER		
<b>TITLE WILL BE</b>		
<input type="checkbox"/> PICKED UP <input type="checkbox"/> MAILED BY REGULAR MAIL		
<input type="checkbox"/> MAILED BY OVERNIGHT SERVICE: _____ ACCOUNT NUMBER: _____		
<b>MAIL TITLE TO</b>		
NAME		
STREET ADDRESS, R.R. OR P.O. BOX (IF USING OVERNIGHT SERVICE, STREET ADDRESS REQUIRED)		
CITY	STATE	ZIP CODE
<b>RETURN TITLE TO - FOR OFFICE USE ONLY</b>		
NAME		
SECTION		
SUPERVISOR'S APPROVAL		
<b>COMMENTS - FOR OFFICE USE ONLY</b>		



# Exhibit P



MISSOURI DEPARTMENT OF REVENUE  
DRIVER AND VEHICLE SERVICES BUREAU  
**ODOMETER DISCLOSURE  
STATEMENT**

FORM  
**3019**  
(REV. 9-03)

Federal law (and State law, if applicable) requires that you state the mileage upon transfer of ownership. Failing to complete or providing a false statement may result in fines and/or imprisonment.

**INSTRUCTIONS ON REVERSE**

YEAR		MAKE		VEHICLE IDENTIFICATION NUMBER	
TITLE NUMBER		STATE		MODEL	BODY STYLE
<p><b>If purchaser/seller is an agent/officer of a firm, record official position after printed name. The purchaser/seller should retain a copy of this odometer disclosure statement. If "Warning, Odometer Discrepancy" is checked, the seller must attach a statement explaining all facts regarding the discrepancy.</b></p>					
PURCHASER(S) NAME (PRINTED OR TYPED)				DATE	
ADDRESS					
SELLER(S) (FIRM) NAME (PRINTED OR TYPED)				DEALER NO.	
ADDRESS					
ODOMETER READING (NO TENTHS)		I state that the odometer now reads the aforementioned miles and to the best of my knowledge that it reflects the actual mileage of the vehicle described herein, unless one of the following statements is checked.		<input type="checkbox"/> Mileage in excess of its mechanical limits <input type="checkbox"/> Mileage reading not actual (WARNING, ODOMETER DISCREPANCY)	
SIGNATURE OF PURCHASER(S)			SIGNATURE OF SELLER(S)		
PRINTED NAME(S) BY PURCHASER(S)			PRINTED NAME(S) BY SELLER(S)		
PURCHASER(S) NAME (PRINTED OR TYPED)				DATE	
ADDRESS					
SELLER(S) (FIRM) NAME (PRINTED OR TYPED)				DEALER NO.	
ADDRESS					
ODOMETER READING (NO TENTHS)		I state that the odometer now reads the aforementioned miles and to the best of my knowledge that it reflects the actual mileage of the vehicle described herein, unless one of the following statements is checked.		<input type="checkbox"/> Mileage in excess of its mechanical limits <input type="checkbox"/> Mileage reading not actual (WARNING, ODOMETER DISCREPANCY)	
SIGNATURE OF PURCHASER(S)			SIGNATURE OF SELLER(S)		
PRINTED NAME(S) BY PURCHASER(S)			PRINTED NAME(S) BY SELLER(S)		
PURCHASER(S) NAME (PRINTED OR TYPED)				DATE	
ADDRESS					
SELLER(S) (FIRM) NAME (PRINTED OR TYPED)				DEALER NO.	
ADDRESS					
ODOMETER READING (NO TENTHS)		I state that the odometer now reads the aforementioned miles and to the best of my knowledge that it reflects the actual mileage of the vehicle described herein, unless one of the following statements is checked.		<input type="checkbox"/> Mileage in excess of its mechanical limits <input type="checkbox"/> Mileage reading not actual (WARNING, ODOMETER DISCREPANCY)	
SIGNATURE OF PURCHASER(S)			SIGNATURE OF SELLER(S)		
PRINTED NAME(S) BY PURCHASER(S)			PRINTED NAME(S) BY SELLER(S)		
PURCHASER(S) NAME (PRINTED OR TYPED)				DATE	
ADDRESS					
SELLER(S) (FIRM) NAME (PRINTED OR TYPED)				DEALER NO.	
ADDRESS					
ODOMETER READING (NO TENTHS)		I state that the odometer now reads the aforementioned miles and to the best of my knowledge that it reflects the actual mileage of the vehicle described herein, unless one of the following statements is checked.		<input type="checkbox"/> Mileage in excess of its mechanical limits <input type="checkbox"/> Mileage reading not actual (WARNING, ODOMETER DISCREPANCY)	
SIGNATURE OF PURCHASER(S)			SIGNATURE OF SELLER(S)		
PRINTED NAME(S) BY PURCHASER(S)			PRINTED NAME(S) BY SELLER(S)		

MO 860-2086 (9-03)

DISTRIBUTION: WHITE-ATTACH TO MSO OR CERT. OF TITLE

# Exhibit Q

## Body Style

If not listed, use the first five letters of body style for passenger vehicles or TRUCK for trucks.

### Passenger/Truck Body Style

AMBULANCE  
BLAZER  
BRONCO  
BUS  
CARRY-ALL  
CHASSIS  
CONVERTIBLE  
COUPE  
DUMP  
DUNEBUGGY  
FLAT BED or FLAT RACK  
FOUR DOOR  
HARDTOP  
HATCHBACK  
HEARSE  
JEEP  
LIMOUSINE  
PANEL  
PICKUP  
REFRIGERATED VAN  
ROADSTER  
SEDAN  
STAKE  
STATION WAGON  
SUBURBAN  
TANK  
TRACTOR TRUCK  
TWO DOOR  
UTILITY  
VAN  
IF NOT LISTED

### To Be Entered

AMBUL  
BLAZE  
BRONC  
BUS  
CARRY  
CHASS  
CONVE or CONV  
COUPE  
DUMP  
DUNE  
FLATR  
FODOR, 4DR, or 4-DR  
HARDT  
HATCH or 3DR  
HEARS  
JEEP  
LIMO  
PANEL  
PICKU, PU, or P/U  
REFRI  
RDSTR  
SEDAN  
STAKE  
STA W  
SUBUR  
TANK  
TRACT  
TUDOR, 2DR, or 2-DR  
UTILI  
VAN  
FIRST FIVE LETTERS

### Manufactured Home

MANUFACTURED HOME/MOBILE

### To Be Entered

MFGHM

*(Continued on next page)*

# Exhibit Q *(Cont'd.)*

## **Trailer Body Style**

AUTO CARRIER  
BOAT  
CABLE REEL  
CAMPING  
FLAT BED  
GONDOLA  
GRAIN  
HOPPER  
HORSE  
HOUSE TRAILER  
LIVESTOCK  
LOGGING  
LOWBED or LOWBOY  
PIPE  
PLATFORM  
POLE  
SEMI  
SERVICE  
SINGLE WHEEL  
STACK or RACH  
TANKER  
TENT TRAILER  
TRAVEL TRAILER  
TWO WHEEL  
THREE WHEEL  
FOUR WHEEL  
UTILITY  
VAN  
IF STYLE IS UNKNOWN

## **To Be Entered**

AUTO C  
BOAT  
CABLE  
CAMPI  
FLATB or FLAT  
GONDO  
GRAIN  
HOPPE  
HORSE  
MFGHM  
LIVES  
LOGGI  
LOWBO  
PLATF  
PLATF  
POLE  
SEMI  
SERVI  
SINGW  
STACK  
TANKE  
TENTT  
TRAVE  
TWO WH, 2WHL, or 2-WHL  
3WHL or 3-WHL  
4WHL or 4-WHL  
UTILI  
VAN  
TRLER

## **Motorcycle Body Style**

MOTORCYCLE  
MOTORTRICYCLE

## **To Be Entered**

2-WHL or 2WHL  
3-WHL or 3WHL

## **RV Body Style**

MOTOR HOME

## **To Be Entered**

MTRHM

## **ATV Body Style**

THREE WHEELER  
FOUR WHEELER

## **To Be Entered**

3-WHL or 3WHL  
4-WHL or 4WHL

# Exhibit R

## Marine Makes

<b>Make</b>	<b>Code</b>	<b>Make</b>	<b>Code</b>
4WINNS	4WINN	KING FISH	KINGF
AFC	AFC	LANDAU	LANDA
ALOHA	ALOHA	LARSON	LARSO
ALUMCRAFT	ALUMA	LONE STAR	LONES
ARISTOCRAT	ARIST	LOWELINE	LOWEL
ARK RAMBLER	ARKRA	LSM	LSM
ARK TRAVELER	ARKTR	LUND	LUND
BANSHEE	BANSH	MARK	MARK
BARETTA	BARET	MARK TWAIN	MARKT
BARR	BARR	MASTER C	MASTER
BASS TRACKER	BASST	MAY YACHT	MAYYA
BAYLINER	BAYLI	MFG	MFG
BEE CRAFT	BEECR	MONARK	MONAR
BES	BES	NATIONAL	NATIO
BIG JON	BIGJO	NEW WAVE	NEWWA
BLU STAR	BLUST	NEWMAN	NEWMA
BURNSCRAFT	BURNS	OSAGIN	OSAGI
CHARGER	CHARG	P14	P14
CHRIS CRAFT	CHRIS	PLAYBOUY	PLAYB
CHRYLSER	CHRYL	PLAZA	PLAZA
CLASSIC	CLASS	POLAR CRAFT	POLAR
COBALT	COBAL	PORT STAR	PORTS
COM-PAC	COMPA	PRO ANGLER	PROAN
DEHI	DEHI	PROCRAFT	PROCR
DINGHY	DINGH	QUACHITA	QUACH
DISCOVERY	DISCO	RANGER	RANGE
DOW	DOW	RED FISH	REDFI
DRAKE	DRAKE	REINELL	REINE
DURACRAFT	DURAC	RICHLINE	RICHL
EBKO	EBKO	SEA ARROW	SEAR
ELDO CRAFT	ELDO	SEA EAGLE	SEAEA
ELGIN	ELGIN	SEA HAWK	SEAHA
ELITE	ELITE	SEA KING	SEAKI
FISCHER	FISCH	SEA NYMPH	SEANY
FLOTE BOAT	FLOTE	SEA RAY	SEARA
GEN-MARI	GENMA	SEA SPRITE	SEASP
GLASTRON	GLAST	SEA STAR	SEAST
GRUMMAN	GRUMM	SEARS	SEARS
HYDRO STAR	HYDRO	SIGNA	SIGNA
IMP	IMP	SKEETER	SKEET
K CRAFT	KCRAF	SKI NOUTIQUE	SKINO
KEN CRAFT	KENCR	SPEEDLIN	SPEED

(Continued on next page)

# Exhibit R *(Cont'd.)*

## Marine Makes/Material/Color/Vessel/Propulsion Codes

<b>Make</b>	<b>Code</b>	<b>Color</b>	<b>Code</b>
SPORTCRAFT	SPORT	BEIGE	BGE
ST MARQUES	STMAR	BLACK	BLK
STAR CRAFT	STARC	BLUE	BLU
STEURY	STEUR	BROWN	BRO
SUCCESS	SUCCE	BRONZE	BRZ
SUNBIRD	SUNBI	CAMOFLAUGE	CAM
SUN DOLPHIN	SUNDO	CHROME	COM
SUNFISH	SUNFI	CREAM (IVORY)	CRM
SUN TRACKER	SUNTR	DARK BLUE	DBL
T BIRD	TBIRD	DARK GREEN	DGR
TAHITI	TAHIT	GOLD	GLD
TERRY	TERRY	GREEN	GRN
TEXAS	TEXAS	GRAY	GRY
THUNDERCRAFT	THUND	LAVENDER	LAV
TOM SAWYER	TOMSA	LIGHT BLUE	LBL
TRISONIC	TRISO	LIGHT GREEN	LGR
TRI-HULL	TRIHU	MAROON	MAR
TRI-TOOM	TRITO	ORANGE	ORG
VIKING	VIKIN	PURPLE	PLE
VIO HOLDA	VIOHO	PINK	PNK
VIP	VIP	RED	RED
WARDS	WARDS	SILVER	SIL
WEERE	WEERE	TAN	TAN
WOLVERTINE	WOLVE	TURQUOISE	TRQ
Z BOAT	ZBOAT	WHITE	WHI
		YELLOW	YEL

  

<b>Type of Material</b>	<b>Code</b>	<b>Type of Propulsion</b>	<b>Code</b>
ALUMINUM	ALUM	INBOARD/OUTBOARD	I/O
CONCRETE	CONCR	INBOARD	INB
FIBERGLASS	FGLAS	MANUAL	MAN
HYPAL	HYPAL	OUTBOARD	OUT
KEVLAR	KEVLA	SAIL/INBOARD AUXILIARY	S/I
PLASTIC	PLAS	SAIL/OUTBOARD AUXILIARY	S/O
RUBBER	RUBBR	SAIL	SAIL
STEEL	STEEL		
WOOD	WOOD		

*(Continued on next page)*



# Exhibit R *(Cont'd.)*

## Marine Types of Vessels

Type of Vessel	Code
AIRBOAT	AIR
BARGE	BRG
BASS BOAT	BAS
CANOE	CAN
COMMERCIAL	COM
CRUISER	CRU
DAYCRUISER	DAY
DECK BOAT	DEC
DRAG or PERFORMANCE BOAT	DRG
HOVERCRAFT	HOV
HYDROPLANE	HRO
HOUSEBOAT	HSE
HYDROFOIL	HYD
JET SKI	JET
OFFICIAL	OFF
PONTOON	PON
INFLATABLE BOAT	RAF
RUNABOUT	RUN
SAILBOAT	SAL
SURF JET	SUR
UTILITY	UTL
WET BIKE	WET
YACHT	YAT